

**PHARMACIST/PHARMACY TECHNICIAN
ADDRESS/NAME CHANGE FORM**



- ☐ Technician
☐ Pharmacist

PRINT OLD NAME _____

LICENSE/REGISTRATION NUMBER _____

NEW NAME _____

(Please provide a copy of marriage license or copy of court documents.)

NEW PRACTICE SITE

NAME OF NEW EMPLOYER _____
(Please Include License # if applicable)

Street Address _____

City, State _____

PHONE NUMBER _____

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**NEW MAILING ADDRESS**

Street, Apt # \_\_\_\_\_

City, State \_\_\_\_\_

NEW PHONE NUMBER \_\_\_\_\_

FORM MUST BE SUBMITTED TO:

**MAILED OR FAXED TO:**

Tennessee Board of Pharmacy  
500 James Robertson Parkway  
Nashville, TN 37243-1149  
Fax Number (615)-741-2722

**E-mail Pharmacist changes to :**  
Martha Morrow at [Martha.Morrow@state.tn.us](mailto:Martha.Morrow@state.tn.us)  
**E-mail Technician Changes to :**  
Mary Crespo at [Mary.Crespo@state.tn.us](mailto:Mary.Crespo@state.tn.us)